



STEP 1: HEARING AID DISPENSER TRAINEE (HAT) CERTIFIED HOURS OF DIRECT SUPERVISION			
SECTION 1: To be completed by the HAT.			
DATE:		SPONSOR'S NAME:	
APPLICANT'S NAME:			
SECTION 2: To be completed by the sponsor, and then returned to the applicant to upload into their on-line profile. Must complete 320 hours of direct supervision within 3 consecutive months to qualify for the practical and written exams.			
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
ADDRESS:		CITY:	STATE: ZIP CODE:
LICENSE TYPE:	LICENSE NUMBER:		STATE: ISSUE DATE:
LOCATION OF SUPERVISED HOURS:			
BEGINNING DATE OF DIRECT SUPERVISION (MM/DD/YYYY):	COMPLETION OF DIRECT SUPERVISION HOURS (MM/DD/YYYY):	AVERAGE NUMBER OF HOURS WEEKLY:	TOTAL NUMBER OF DIRECT SUPERVISION HOURS:
SECTION 3: SPONSOR VERIFICATION & AFFIDAVIT			
<ol style="list-style-type: none"> The hours logged above were all directly related to hearing science and hearing aid fitting. A weekly log of hours is available to the board upon request. I declare by penalty of perjury under the laws of the state of New Mexico that the information above is true and correct. The undersigned, being duly sworn, upon their oath deposes and says that they are the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application form, the undersigned also acknowledges that the supervisee received the above supervision. I certify that all of the statements made in this form are true, complete, and correct to the best of my knowledge and my belief and are made in good faith. 			
Sponsor's Signature _____			Date _____

